Study to Measure Patient Satisfaction in Outpatient Department and Inpatient Department at Sub-District Hospital Dasuya, Punjab

By

Isha Sharma

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

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INSTITUTE OF HEALTH
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(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Isha Sharma student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Punjab Health Systems Corporation from 1st Feb 2018 to 30th April 2018.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

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No. PHSC/QA/18/ 1585 Dated 1:5:18

TO WHOM IT MAY CONCERN
CERTIFICATE OF DISSERTATION COMPLETION

This is to certify that Dr.Isha Sharma student of MBA in Hospital and Health Management, IIHMR Jaipur has successfully completed three months dissertation in health facility as allotted under Punjab Health Systems Corporation, Punjab from 01.02.2018 to 30.04.2018.

During the dissertation the student's performance was satisfactory.

We wish her success in all her future endeavors.

(Varun Roojam) I.A.S.
Managing Director
Punjab Health Systems Corporation
-Cum-Secretary Health and Family Welfare, Pb.

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled A study to measure Patient Satisfaction in Outpatient Department and Inpatient Department in Sub District Hospital of Punjab and submitted by Dr. Isha Sharma Enrollment No. IIHMR-U/01/2016-18/0425 under the supervision of Dr. Susmit Jain forward of MBA in Hospital and Health carried out during the period from 1st Feb 2018 to 30th April embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

THE IIHMR UNIVERSITY, JAIPUR

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Signature

ABSTRACT

A Study to Measure Patient Satisfaction in Outpatient department &Inpatient Department at Subdistrict Hospital Dasuya, Punjab

Submitted by: **Dr. Isha Sharma**

MBA HM 21, Roll. No. 425

Guided by: Dr. Susmit Jain

INTRODUCTION

"Patient satisfaction is a measure of the extent to which a patient is content with the health care which they received from their health care provider. It can be defined as fulfilment or meeting of expectations of a person from a service or product. Hospitals are among the most complex and dynamic institutions of our society"

"With the growing community consciousness about hospital services, expectations about the hospitals' performance are also rising. Hospitals are being reoriented from just being centres for medical care and treatment to be more community oriented. There is now a greater pressure of work, for really over-worked hospital personnel due to steep rise in population and type and serious nature of the diseases. "

"Dissatisfaction among the patients visiting government hospitals is widely publicized by the mass media; political leaders and community in general and has a feeling that the hospital performance is not matching with the expenditure incurred on creation of infrastructure.Patient satisfaction is one of the important goals of any health system. "

"Patients' perceptions about health care systems seem to have been largely ignored by health care managers in developing countries. It depends up on many factors such as: Quality of clinical services provided, availability of medicine, behavior of doctors and other health staff, cost of services, hospital infrastructure, physical comfort, emotional support, and respect for patient preferences. Mismatch between patient expectation and the service received is related to decreased satisfaction. "

OBJECTIVE

"The objective of the study is to assess the level of patient satisfaction of Outpatient Department and Inpatient Department in Sub District Hospital Dasuya., Hoshiarpur Dist. Punjab"

METHODOLGY

- ✓ **TYPE OF STUDY:** Descriptive & Cross-Sectional.
- ✓ **SETTING:** Sub- District Hospital Dasuya, Punjab.
- ✓ **SAMPLE SIZE:** For the survey, **90 OPD Patients** – (30 per month) &**90 IPD Patients** as directed by the management), TOTAL: **180**
- ✓ **SAMPLING TECHNIQUE:** Convenience Sampling
- ✓ **DURATION OF STUDY-** 1st Feb 2018 to 30th April 2018

SAMPLE COLLECTIONCRITERIA

Inclusion Criteria- OPD patients (both male and female)of different age groups and literacy level were only asked to fill the questionnaire.

Exclusion Criteria- Patients coming in OPD on daily behalf were excluded in the study.

DATA COLLECTION PROCEDURE: A set of well-structured questionnaire containing close-ended questions was be developed. The questionnaire was be pre-tested. The questionnaire covered the information related to patient's socio-economic characteristics, patient's choice of health facility, registration process, perception towards availability of basic amenities (seating arrangement, cleanliness, fans, toilets, drinking water etc.

DATA COLLECTION INSTRUMENT: A set of structured questionnaire containing close-ended questions was used. The questionnaire will cover the information related topatient's choice of health facility, process of registration, perception for availability of basic amenities (seating arrangement, cleanliness, fans, toilets, drinking water etc.)

Corresponding system of scoring of items in Patient Satisfaction Questionnaire

- Poor-- 1
- Fair --2
- Good --3
- Very Good -- 4
- Excellent – 5

DATA ANALYSIS PROCEDURE: Collected data was analysed using MS Excel.

"RESULTS: It is observed that people are having maximum disappointment score in Ease in locating the departments through proper bilingual directional & departmental signage. Along with that Charges of the services are displayed and well communicated that is 30% patients were not satisfied Display of doctors list with room number and their availability information concludes that 9% patients are not satisfied. Waiting time at the registration counter and lab investigations also conclude that 24-25% patients are not satisfied. Availability of enquiry counter is also not available 13% of patients were not satisfied by this and 255 of patients were not satisfied with the time spent on examination."

"Availability, attitude and promptness of ward attendants also needs to be improved as 25% of patients were not satisfied."

CONCLUSION

"All the OPD and IPD with least scoring like ease in locating the departments, waiting time at the registration counter, timeliness supply of diets, availability of wheel-chairs and stretchers etc. were focused and improved. "

ACKNOWLEDGEMENT

"Dissertation is a golden opportunity in a student's life for learning and self-development. I consider myself very lucky and honoured to have so many wonderful people lead me through in completion of this project."

"I wish to express my gratitude to **my State Nodal Officer Dr.Parvinder Pal Kaur who** assigned me a project with such a great learning curve. I'm also extremely thankful to **Senior Medical Officer Dr. R. K. Bagga** for their immense support and trust throughout my internship.Despite their busy schedule, all my colleagues would regularly take out time to hear, guide and keep me on the right direction."

"I express my deepest thanks to **Dr. Ashok Kaushik**, Dean Academic & Student Affairs, and my Dissertation Guide and **Dr.Susmit Jain**, for their able guidance and constant words of encouragement."

"Last but not least, I also express my gratitude towards my family,who supported me throughout my thick and thin times."

Dr.Isha Sharma
Roll no. 0425

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1. INTRODUCTION

"Operational Definition- Patient satisfaction is a measure of the extent to which a patient is content with the health care which they received from their health care provider. It can be defined as fulfillment or meeting of expectations of a person from a service or product."

"Hospitals are among the most complex and dynamic institutions of our society. The main function of a hospital is to promote the health of the community it serves."

"Quality of care can be precise on two basics: patient outcome and patient satisfaction. Whenever a patients visits a hospital there are channel of events which a patients goes through like attentiveness, respect, effective information , and decision making. It starts with the introduction and welcome of patients by name and maintaining a warm care helps in establishing the early perception of being a caring and genuine clinician. But for patients in IPD the situation is changed as the patient stays there for a night where he experiences the quality of care more precisely."

"To maintain satisfaction in IPD it takes a lot of patience and persistence and maintaining continuity till the closure is an important phenomenon to revert patients back to the similar organization in times of need. Hospitals have always been in the business of providing patient care. However, with the inception of value based purchasing, the measurement of successful patient care delivery has been redefined. Patient satisfaction is an important and commonly used indicator for measuring the quality in health care. "

"Patient satisfaction affects clinical outcomes, patient retention, and medical malpractice claims. It affects the timely, efficient, and patient-centered delivery of quality health care. Patient satisfaction is thus a proxy but a very effective indicator to measure the success of doctors and hospitals. Patient satisfaction in IPD can be defined as meeting of expectations of a person from a service."

"when a patient comes to a hospital, he has a pre set image of the different aspects of the hospital as per the status and cost involved. Although, their main belief is getting cured and going back to their work, but there are many other factors which affect their

“satisfaction level .Sometimes, they might have ranked a hospital very low on the basis of information, they have from various different sources, but they find it higher than their expectation and they are very satisfied. Similarly, if they have got a very high expectation from any hospital, but if they find it below their level of expectation, they will not be satisfied. In the IPD patient stays in hospital premise or are admitted minimum for a night and therefore experiences all the parameters associated with the stay which starts from the admission process and ends till the discharge process. Thus measuring all the related activities will lead to the belief of satisfaction in patients.

This study was done to measure the level of satisfaction of OPD & IPD patient at Civil hospital Dasuya, Dist. Hoshiarpur, Punjab.”

2.REVIEW OF LITERATURE

“Eval programed 1983; 6(3-4):185-210:- This paper reviews the literature on patient satisfaction in primary health care settings. Definitions and models of satisfaction are considered first. Attention is given to the conceptualization of satisfaction by investigators concerned about consumers in general as well as by researchers focusing on consumers of medical services. Research findings are discussed and used to develop a model of patient satisfaction. The measurement of patient satisfaction and the findings of empirical studies are then reviewed, including summaries of effect sizes. It is concluded that patient satisfaction information can provide a dependent measure of service quality and serves as a predictor of health-related behavior. Issues deserving further investigation and recommendations regarding research strategies are presented.”

“Hulka and her associates attempted to undertake the initial steps in the conceptualization of the patient satisfaction concept (Hulka, Zyzanski, Cassel and Thompson 1970; Zyzanski, Hulka and Cassel 1974). These researchers defined "satisfaction" as the patient's "attitudes toward physicians and medical care." (p. 430; Hulka et al. 1970). More specifically, a composite index of an individual's evaluative judgements concerning the quality of medical care received from physicians, nurses and other relevant sources is hypothesized to represent the

individual's level of "satisfaction". Within the patient satisfaction literature, this conceptual definition has been widely accepted (Wolinsky 1976; Hines et al. 1977; Doyle and Ware 1977; Ware et al. 1918; Locker and Dunt 1978).”

“Third, Ross et al. (1987) argue that restricting patient satisfaction to perceptions of the "quality" of health care received is an "inherent weakness." These researchers support their position by noting that a segment of "healthy but unhappy" patients has been found in several empirical studies. Thus, Ross et al. suggest that the conceptualization of the patient satisfaction should be enlarged to include other evaluations (e.g., waiting time, costs, etc.) in addition to purely quality perceptions. Hulka and Zyzanski (198^) acknowledge this position and a?pear to support a more broader domain for the patient satisfaction concept. In particular, Ware, Davies-Avery and Stewart (1978) have attempted to categorize the various health care evaluations into eight distinct "dimensions "

“**Liz Gill (Faculty of Pharmacy, The University of Sydney, Sydney, Australia :-** This paper describes the development of Form II of the Patient Satisfaction Questionnaire (PSQ), a self-administered survey instrument designed for use in general population studies. The PSQ contains 55 Likert-type items that measure attitudes toward the more salient characteristics of doctors and medical care services (technical and interpersonal skills of providers, waiting time for appointments, office waits, emergency care, costs of care, insurance coverage, availability of hospitals, and other resources) and satisfaction with care in general. Scales are balanced to control for acquiescent response set. Scoring rules for 18 multi-item subscales and eight global scales were standardized following replication of item analyses in four field tests. Internal-consistency and test-retest estimates indicate satisfactory reliability for studies involving group comparisons. The PSQ well represents the content of characteristics of providers and services described most often in the literature and in response to open ended questions. Empirical tests of validity have also produced generally favorable results.”

3. **OBJECTIVES**

"The main objective of the study is to assess the level of patient satisfaction of OutpatientDepartment and Inpatient Department in Sub District Hospital Dasuya."

4. **METHODOLOGY**

- **Study Design:** Descriptive& Cross-Sectional.
- **Setting:** Sub- District Hospital Dasuya, Punjab
- **Duration of study:**1st February to 30th April 2018
- S**ample size:90 OPD Patients** – (30 per month) &**90 IPD Patients** as directed by the management), TOTAL :**180**.
- **Sampling Technique:** Convenience Sampling was employed.
- **Sample collection Criteria**

  Inclusion Criteria- OPD patients (both male and female) of different age groups were only asked to fill the questionnaire.

  Exclusion Criteria- Patients coming in OPD on daily behalf were excluded in the study.

5. **DATA COLLECTION PROCEDURE:** A set of well-structured questionnaire containing close-ended questions will be developed. The questionnaire will be pre-tested. The questionnaire will cover the information related to patient's socio-economic characteristics, patient's choice of health facility, registration process, perception towards availability of basic amenities (seating arrangement, cleanliness, fans, toilets, drinking water etc.)

6. **DATA ANALYSIS PROCEDURE:** Collected data was analyzed using MS Excel.

7. **DATA COLLECTION INSTRUMENT:** A set of structured questionnaire containing close-ended questions was used. The questionnaire will cover the information related to patient's choice of health facility, process of registration, perception for availability of basic amenities (seating arrangement, cleanliness, fans, toilets, drinking water etc.)

Corresponding system of scoring of items in Patient Satisfaction Questionnaire

- Poor-- 1
- Fair --2
- Good --3
- Very Good -- 4
- Excellent -- 5

8. **RESULTS:-**

Table 1- OPDSurvey Questionnaire results

Attributes for OPD patients satisfaction	**Poor(1)**	**Fair(2)**	**Good(3)**	**Very Good(4)**	**Excellent(5)**
Ease in locating the departments through proper bilingual directional & departmental signage	14	4	36	15	21
Information about the services are available	0	12	34	23	21
Charges of the services are displayed and well communicated	27	16	15	18	14
Display of doctors list with room number and their availability information	8	4	36	27	15
Waiting time at registration counter	21	14	17	27	11
Availability of enquiry counter in OPD area	3	26	12	25	24
Availability of wheel chair and patient trolley	1	31	27	12	19
Waiting area equipped with chairs, fan and drinking water	15	22	27	25	1

Privacy maintained in OPD and examination room	0	11	42	35	2
Adequacy of time spent on examination and treatment by the doctor treatment by the doctor	0	13	50	21	6
Attitude and behavior of doctor	0	10	47	30	3
Attitude and behavior of staff	2	20	39	27	2
Waiting time for report collection after lab and/ or radiologic investigations	21	9	19	20	21
Waiting time at medicine dispensing counter	0	12	27	16	35
Availability of prescribed drugs at dispensary	4	22	28	31	5
No out of pocket expenditure made	0	16	40	31	3
Cleanliness of toilets in waiting area	1	17	45	21	6
Cleanliness status of hospital surroundings	0	28	39	21	2
Availability of complaint/ suggestion box with information of day of addressing	0	7	45	33	5
Education/ communication by doctor/ pharmacist about dosage and timings of drug intake with next follow up dates	0	15	37	35	3
Condition of linen at	1	11	31	23	24

examination table					
Only For P.P. Unit: Counseling regarding family planning services, procedural satisfaction, post procedural counseling, follow up dates	0	15	18	47	10
Overall satisfaction during the visit to hospital	0	11	38	14	27

9. **GRAPHICAL REPRESENTATION OF OPD ASPECTS**

Access and availability of services

- Ease in locating the departments through proper bilingual directional & departmental signage

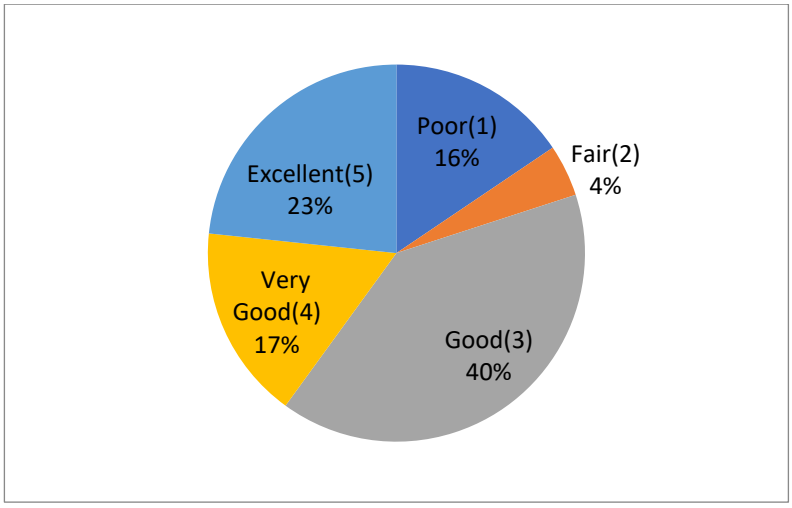


Fig. 9.1 Ease in locating the departments through proper bilingual directional & departmental signages

- Information about all the services are available

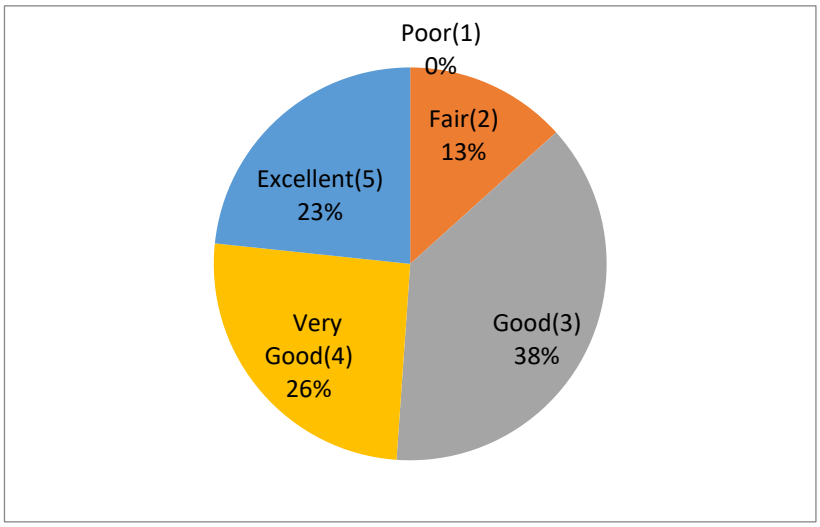


Fig. 9.2 Information about all the services are available

- Charges of services are displayed and well communicated

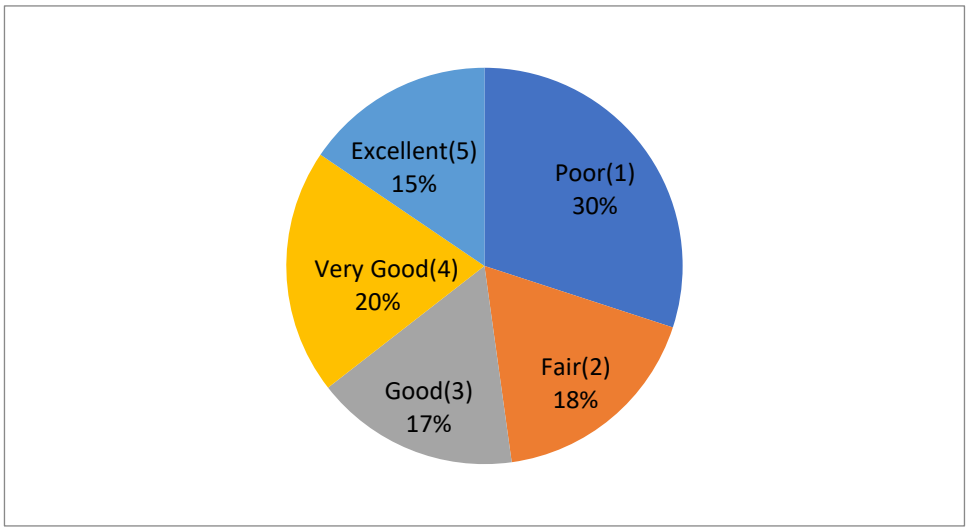


Fig. 9.3 Charges of services are displayed and well communicated

- Display of Doctors list and room no with their availability information

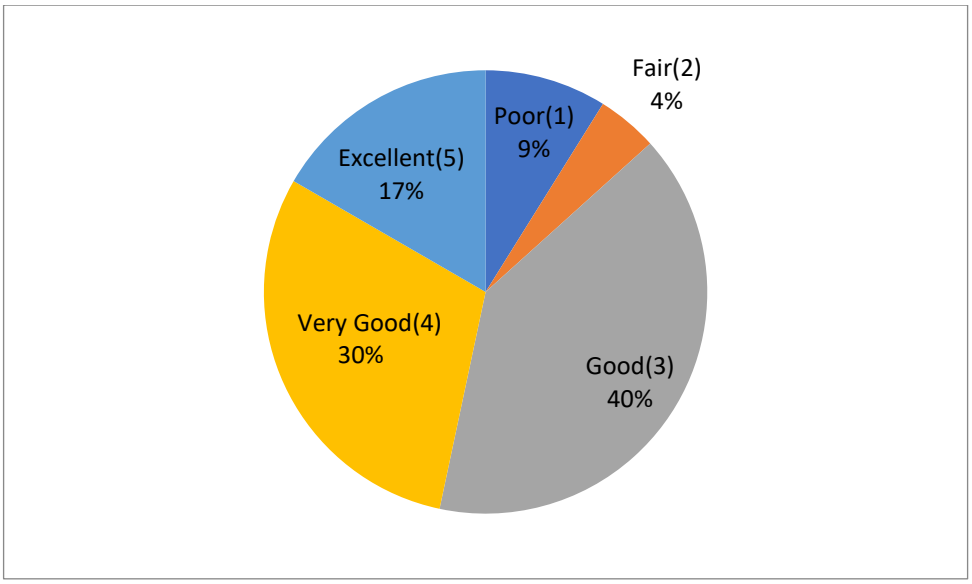


Fig. 9.4 Display of Doctors list and room no with their availability information

- Availability of enquiry counter in Opd Area

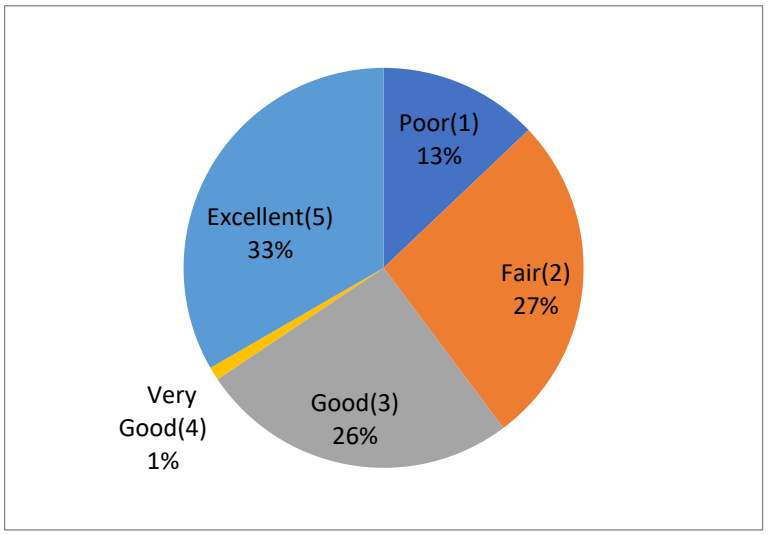


Fig. 9.5 Availability of enquiry counter in Opd Area

- Availability of wheel chair and trolley

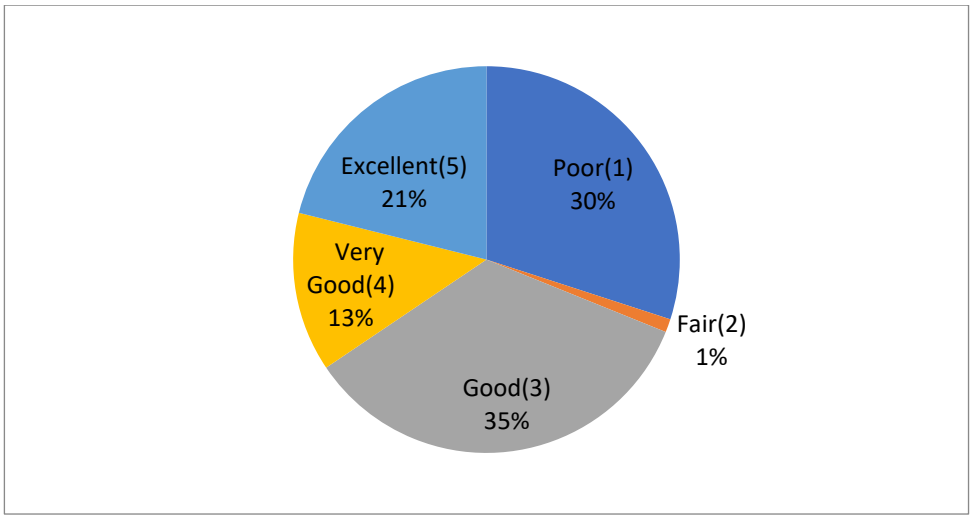


Fig. 9.6 Availability of wheel chair and trolley

- Availability of complaint/suggestion boxwith information of day of addressing

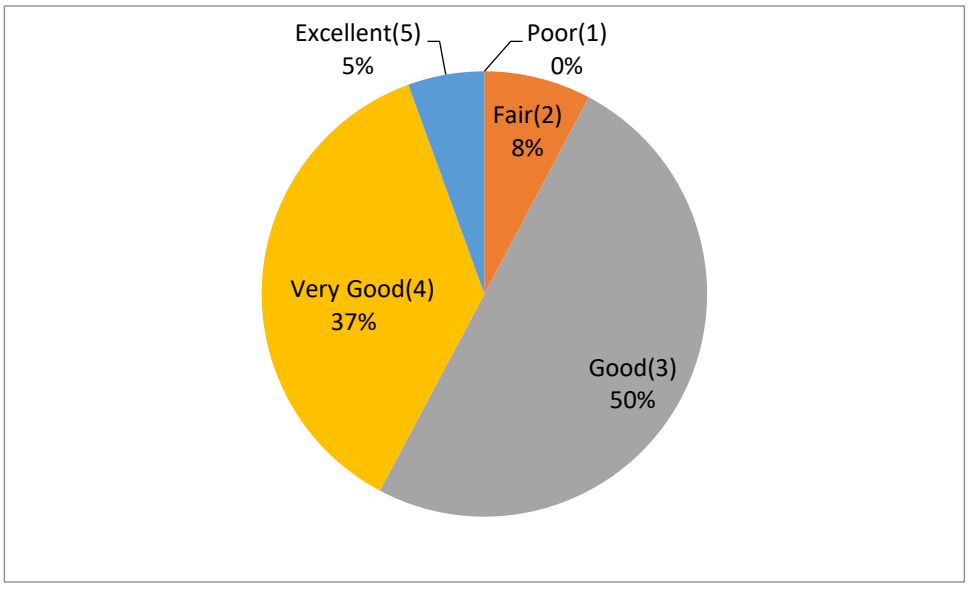


Fig. 9.7 Availability of complaint/suggestion boxwith information of day of addressing

- Availability of prescribed Drugs at dispensary

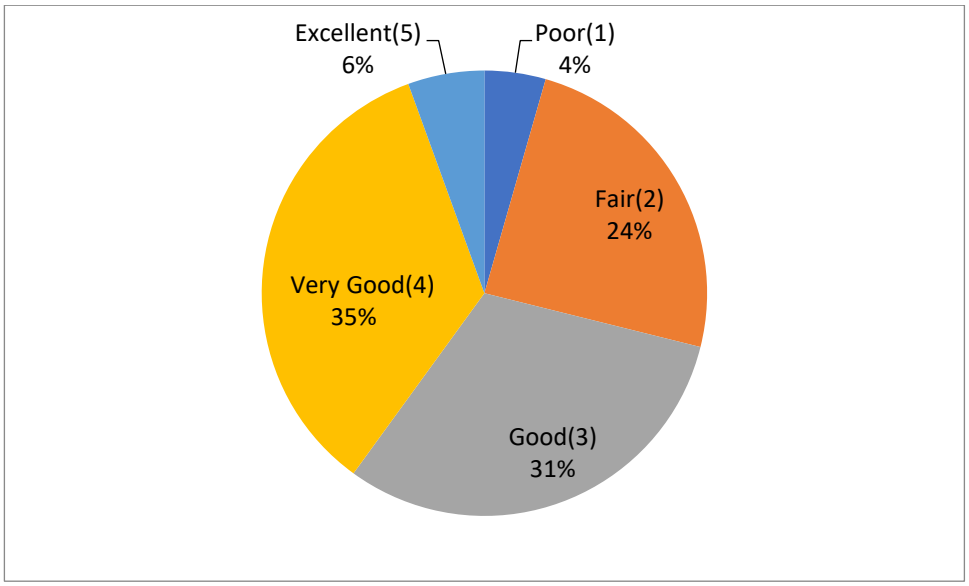


Fig. 9.8 Availability of prescribed Drugs at dispensary

Time Factors

- Waiting Time at registration counter

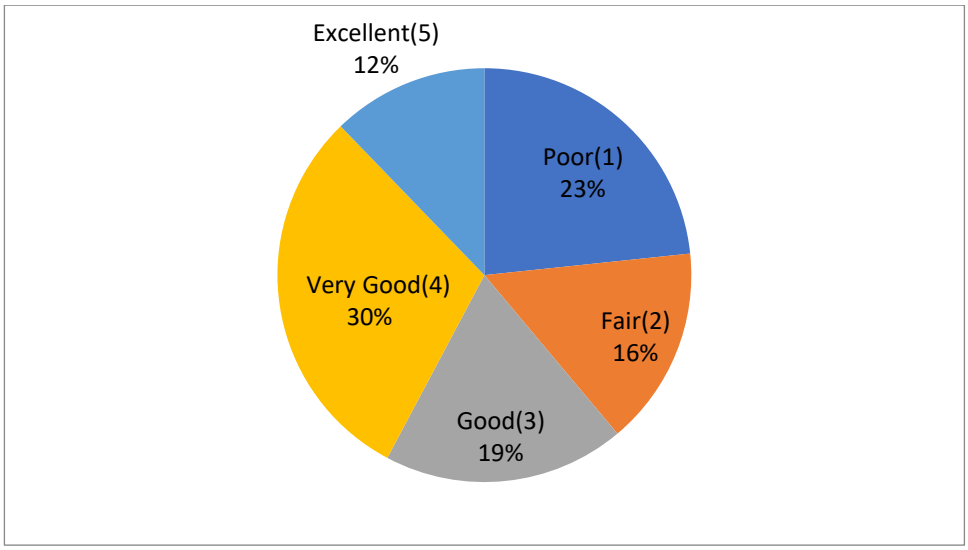


Fig. 9.9 Waiting Time at registration counter

- Waiting time for the report collection after lab or radiologic investigations

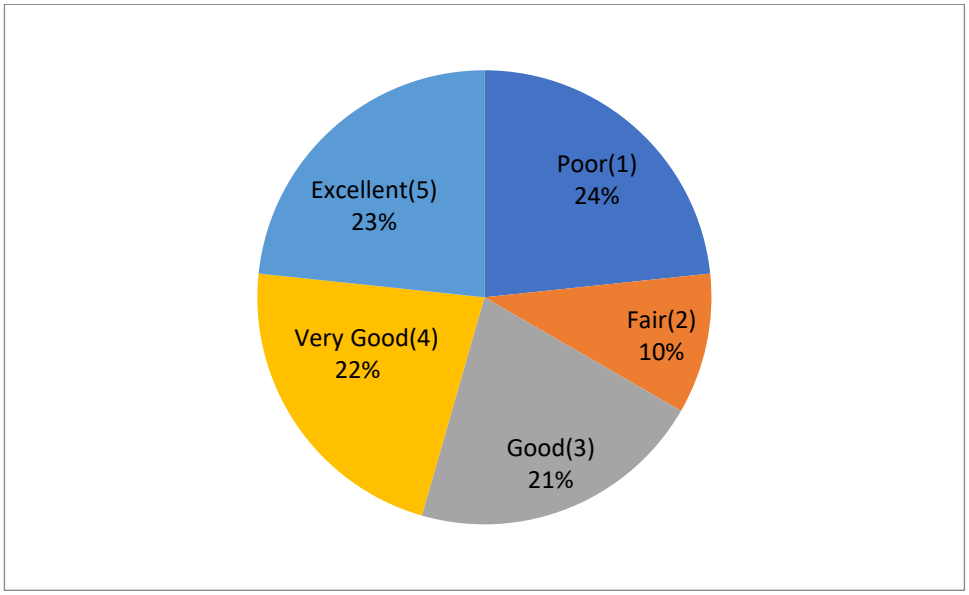


Fig. 9.10 Waiting time for the report collection after lab or radiologic investigations

- Waiting area equipped with chairs, fan and drinking water

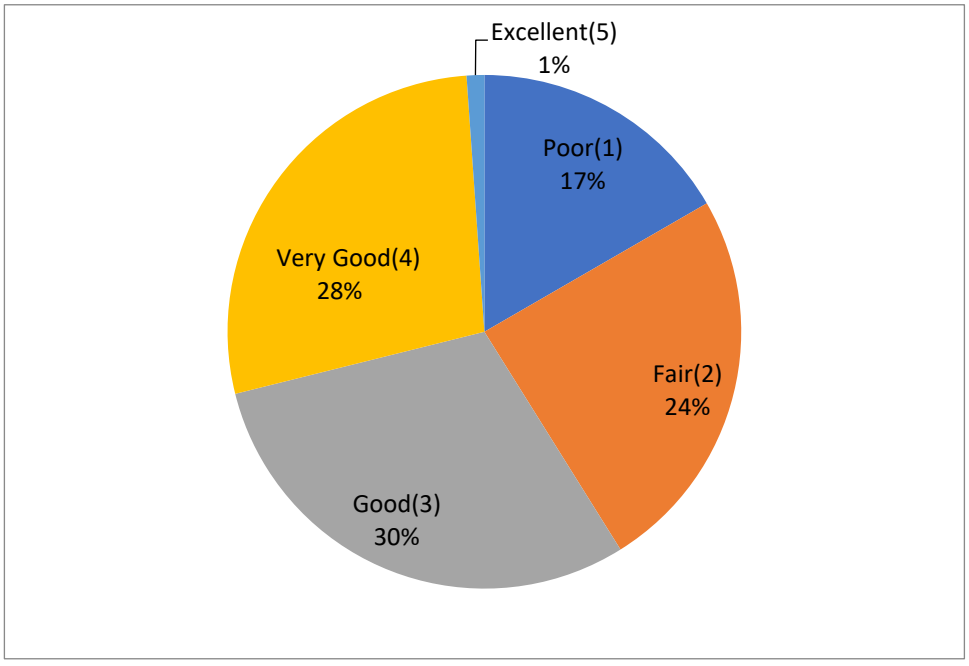


Fig. 9.11 Waiting area equipped with chairs, fan and drinking water

- Waiting time at medicine dispensing counter

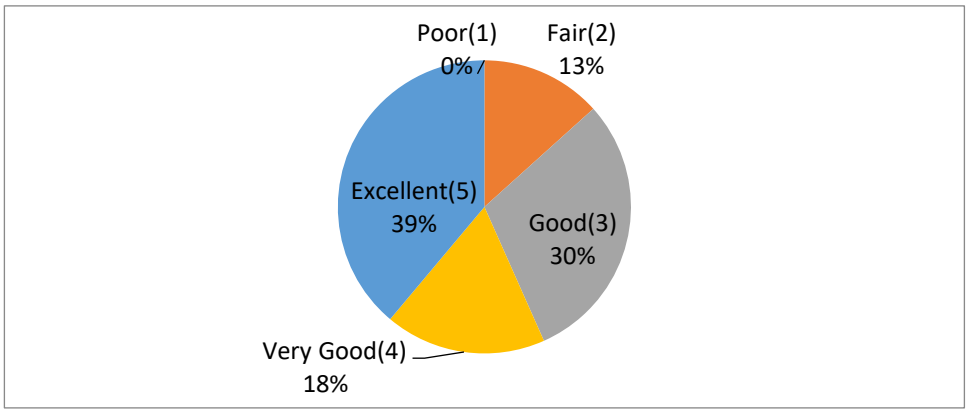


Fig. 9.12 Waiting time at medicine dispensing counter

Communication Factors

- Attitude and Behavior of doctors

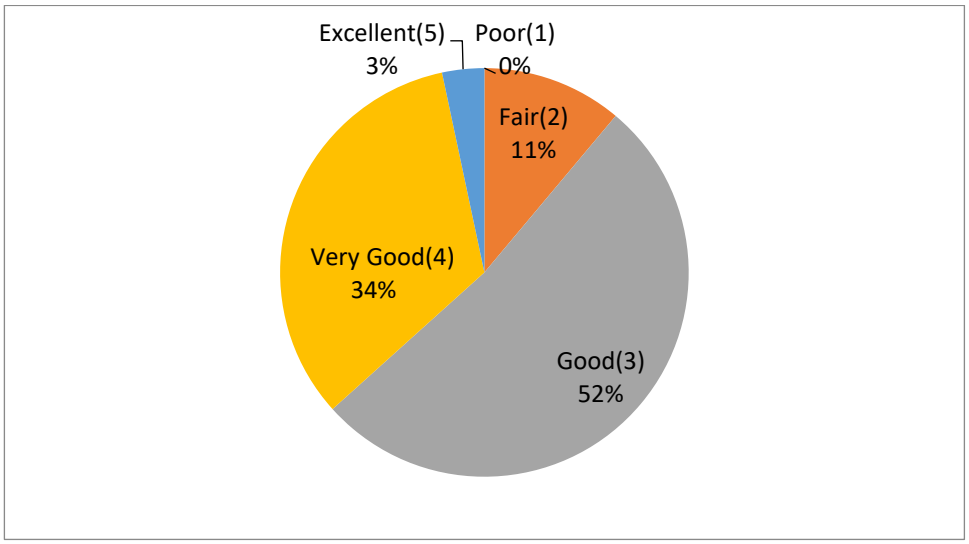


Fig 9.13. Attitude and Behavior of doctors

- Attitude and Behavior of staff

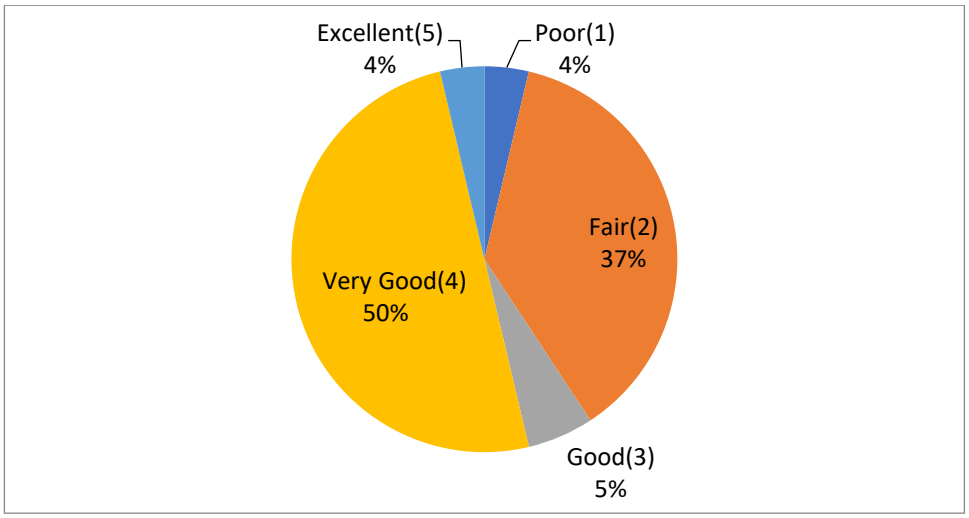


Fig. **9.14**Attitude and Behavior of staff

- Education and communication by Doctor and pharmacist about dosage and timings of drug intake with next follow up dates

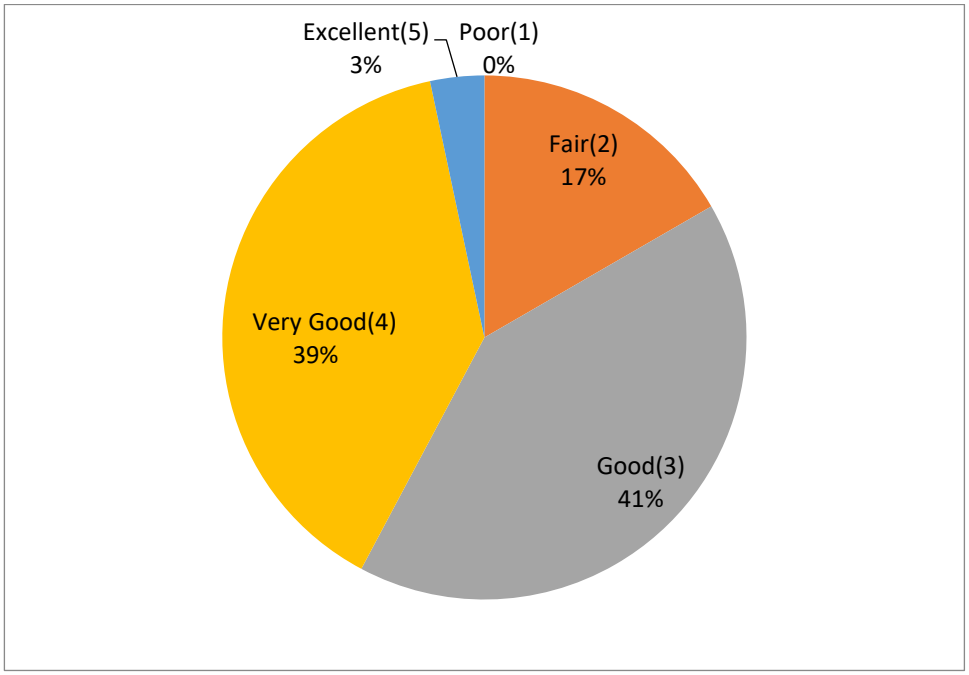


Fig. 9.15 Education and communication by Doctor and pharmacist

- Only for P.P Unit: Counselling regarding family planning services, procedural satisfaction, post procedural counselling, follow up dates

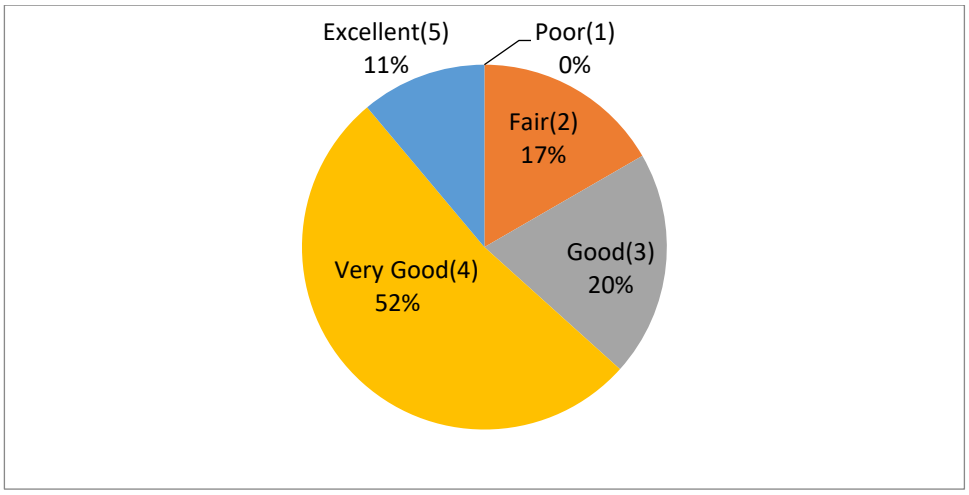


Fig. 9.16 Percentage for counselling regarding PP unit

Cleanliness aspects

- Cleanliness of toilets in waiting area

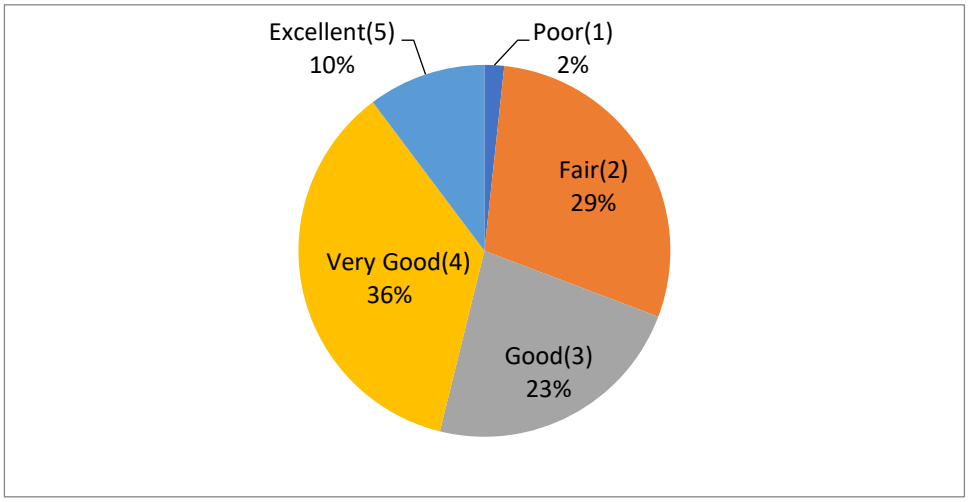


Fig. 9.17 Cleanliness of toilets in waiting area

- Cleanliness status of the hospital surroundings

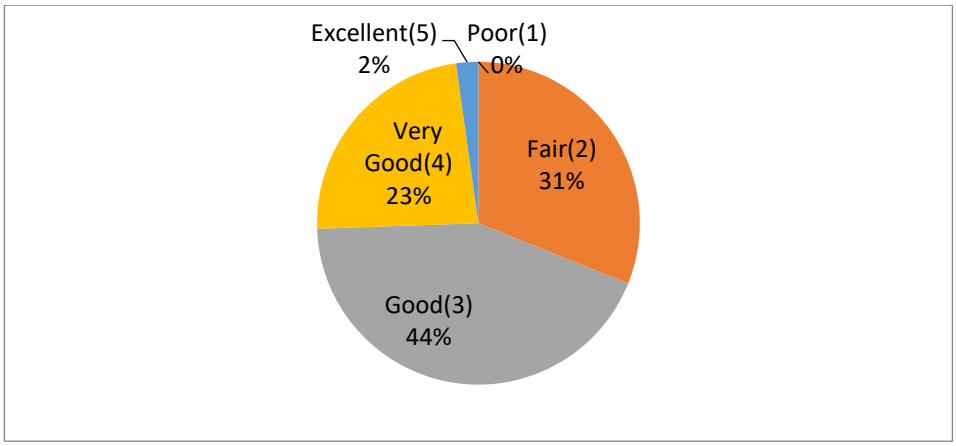


Fig. 9.18 Cleanliness status of the hospital surroundings

General satisfaction aspects

- Adequacy of the time spent on examination and treatment by the doctor

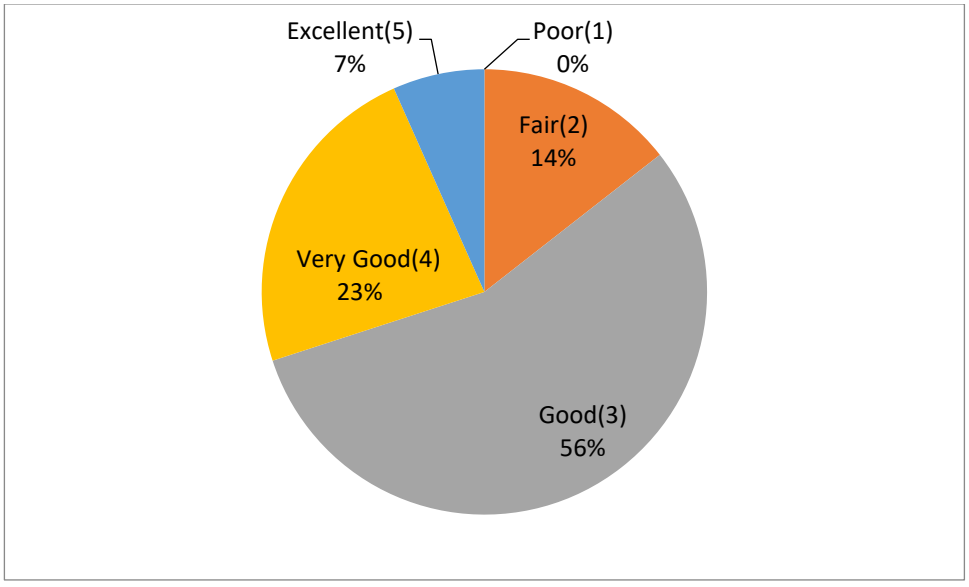


Fig. 9.19 Adequacy of the time spent on examination and treatment by the doctor

- Privacy maintained in the Opd& examination room

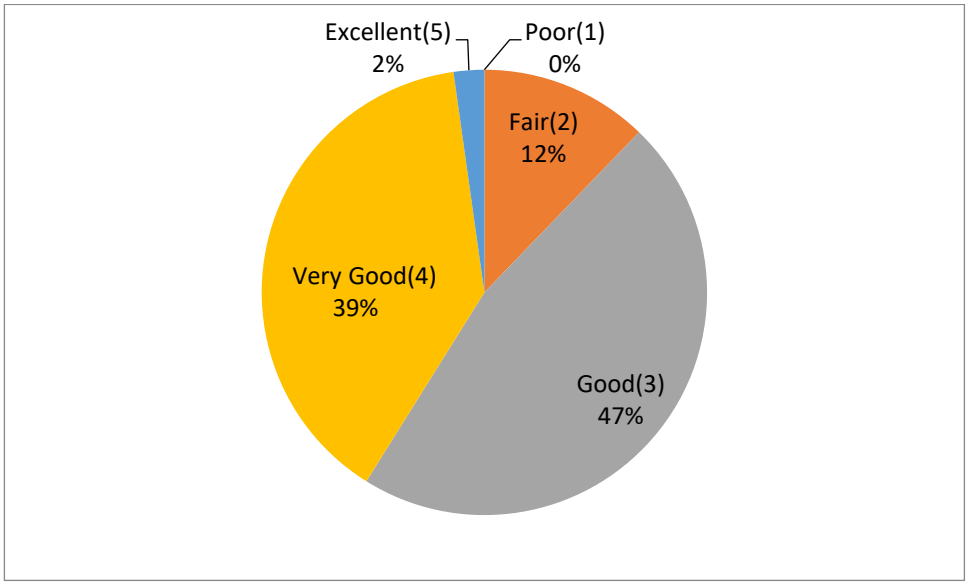


Fig. 9.20 Privacy maintained in the Opd& examination room

- No out of, pocket expenditure made

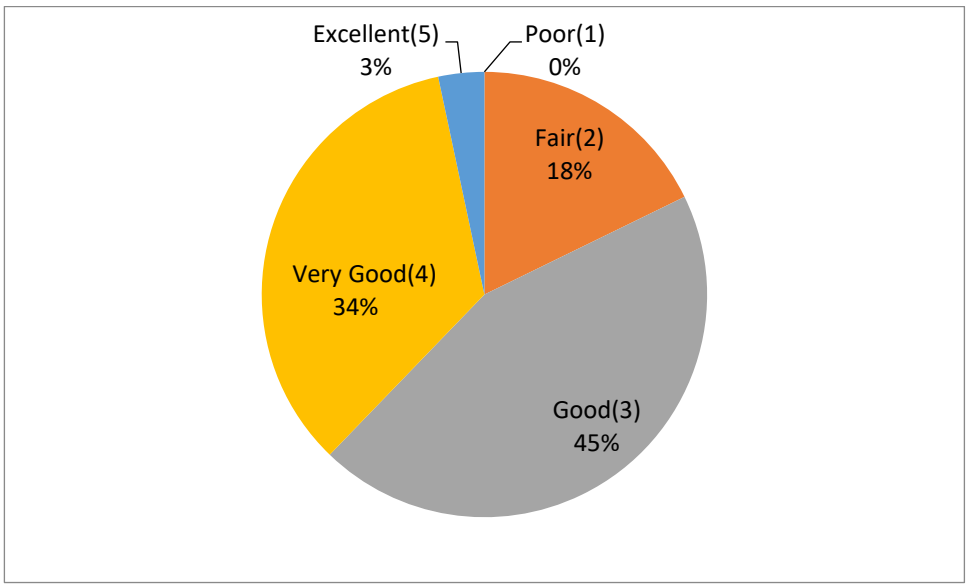


Fig. 9.21 No out of, pocket expenditure made

- Condition of linen, at examination table

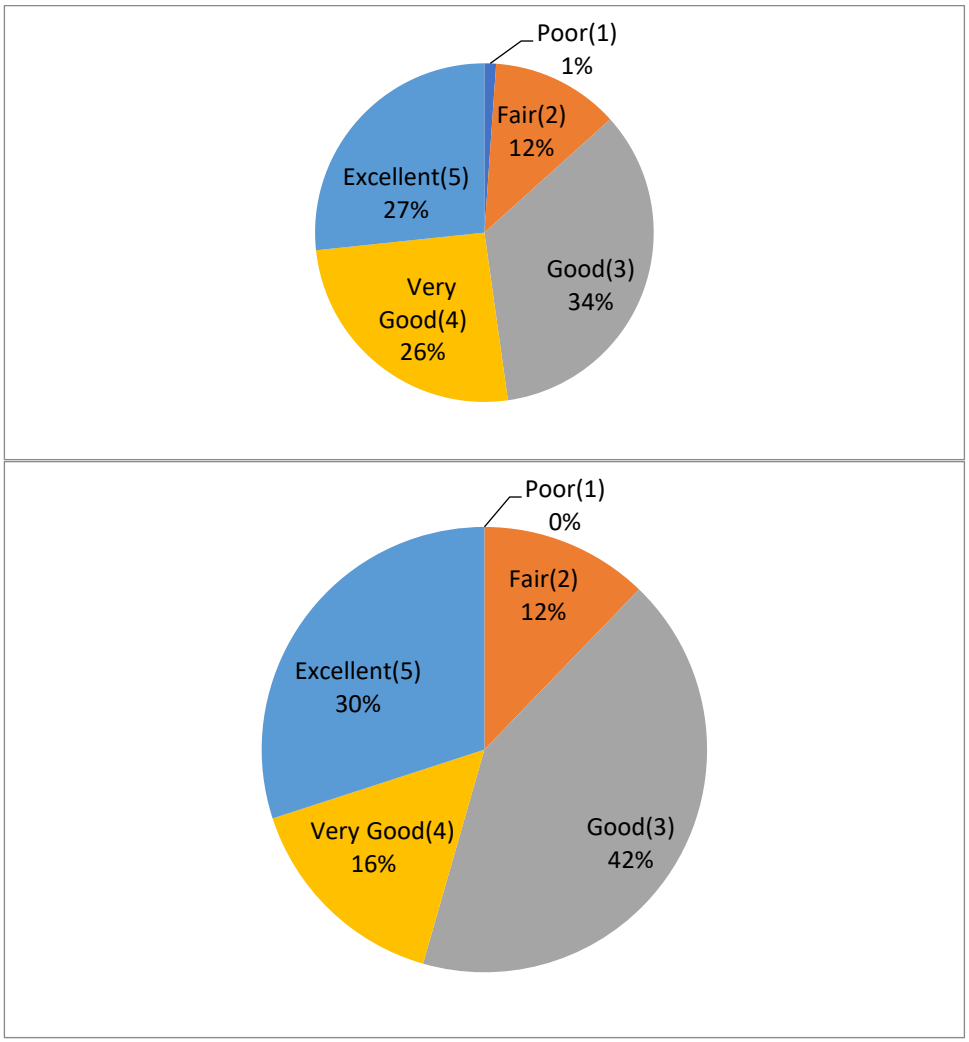


Fig. 9.22 Condition of linen, at examination table

- Overall Satisfaction during the visit to hospital

Fig. 9.23 Overall Satisfaction during the visit to hospital

Results-

Table 2- Action plan of OPD Factors with poor scoring

Factors with poor scoring	Action Plan
• **Charges of the services are displayed and well communicated**	Flex has been made of the services available along with their charges
• **Display of doctors list with room number and their availability information**	All the information regarding the availability of doctors along with their room no has been made available
• **Waiting time at registration counter&Waiting time for report collection after lab and/ or radiologic investigations**	Patient tracking has been started to find out the loopholes and activities which are taking time
• **Availability of enquiry counter in OPD area**	Staff duty has been assigned on enquiry counter to help out the patients for the information they need

Fairly Satisfied By-

Table3- Action plan of OPD Factors with fair scoring

Factors with fair scoring	Action Plan
• **Cleanliness of toilets in waiting area**	Nursing sister has been assigned the task to sign the checklist and daily monitoring for cleanliness.
• **Adequacy of time spent on examination and treatment by the doctor treatment by the doctor**	Meeting by the SMO has been taken with all the doctors regarding proper examination of doctors.

Table 4- IPD Survey Questionnaire

	Poor(1)	Fair(2)	Good(3)	Very Good(4)	Excellent(5)

Ease in locating the departments through proper bilingual directional & departmental signage	1	28	36	17	8
Availability of sufficient Information at registration /admission counter	0	20	41	21	8
Charges of services are displayed and well communicated	0	16	43	25	6
Attitude and communication of nurses	0	7	34	32	17
Waiting time at registration counter	9	24	27	23	7
Regularity of doctor's round in ward	0	16	32	28	14
Availability of wheel chair and patient trolley	1	21	32	17	19
Cleanliness of the ward/ Room	1	20	31	29	9
Cleanliness of bathrooms and toilets	1	27	35	20	7
Cleanliness status of hospital surroundings and campus drains	5	12	42	27	4
Time spent for examination of patient and counseling	0	26	28	24	12
Communication of discharge process by the staff	1	10	33	34	12
Attitude and communication of doctors	0	9	33	30	18
Availability, attitude and promptness of ward	0	12	36	37	5

attendants					
Waiting time for report collection after lab and radiologic investigations	3	20	33	21	13
Availability of prescribed drugs at hospital dispensary	0	15	29	38	8
Waiting time at medicine dispensing counter	2	12	33	20	33
Timeliness supply of diet (only for maternity ward)	1	14	24	23	5
Availability of complaint/suggestion box with information of day of addressing	4	11	39	26	10
Education/ communication by doctor/pharmacist about dosage and timings of drug intake with next follow up dates	2	24	31	29	4
Cleanliness of bed sheets/pillow covers etc	1	17	34	27	11
Overall satisfaction during the visit to hospital	1	19	28	35	7

10. **Graphical Representation of IPD aspects**

Access and availability of services

- **Ease in locating the departments through proper bilingual directional & departmental signage**

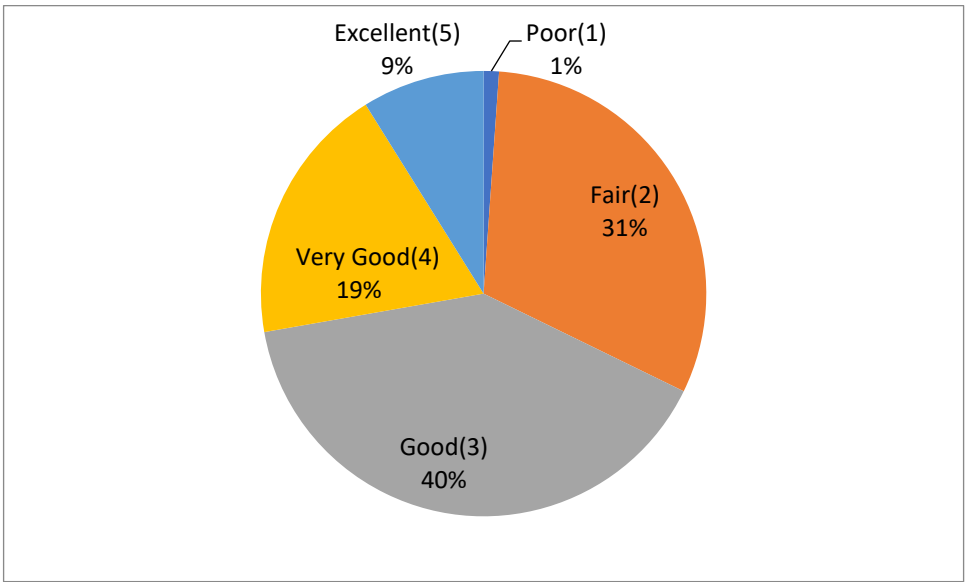


Fig. 10.1 Ease in locating the dpts trough proper bilingual language

- **Availability of sufficient amount of Information at registration/admission counter**

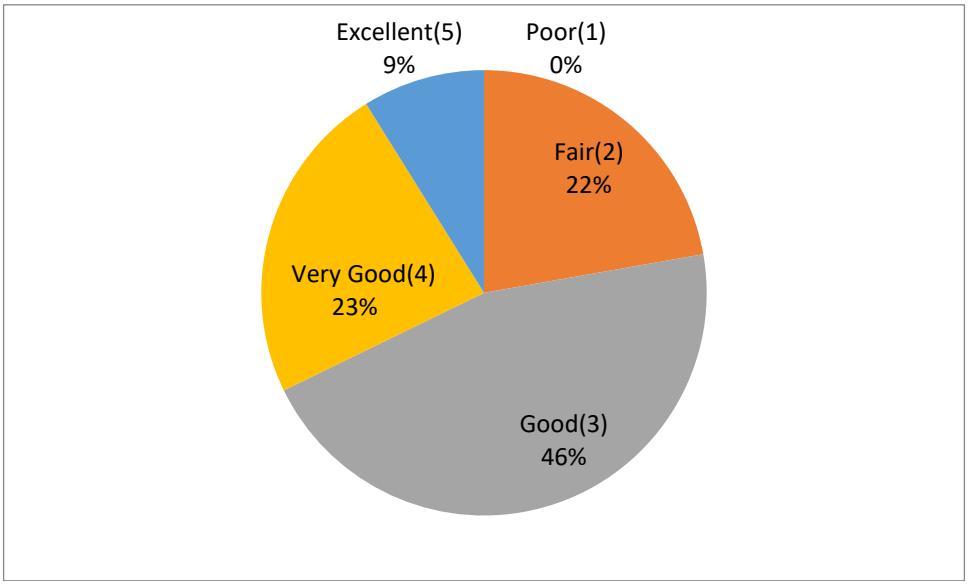


Fig.10.2 Availability of sufficient amount of information at registration/ admission counter

- **Charges of services are displayed & well communicated**

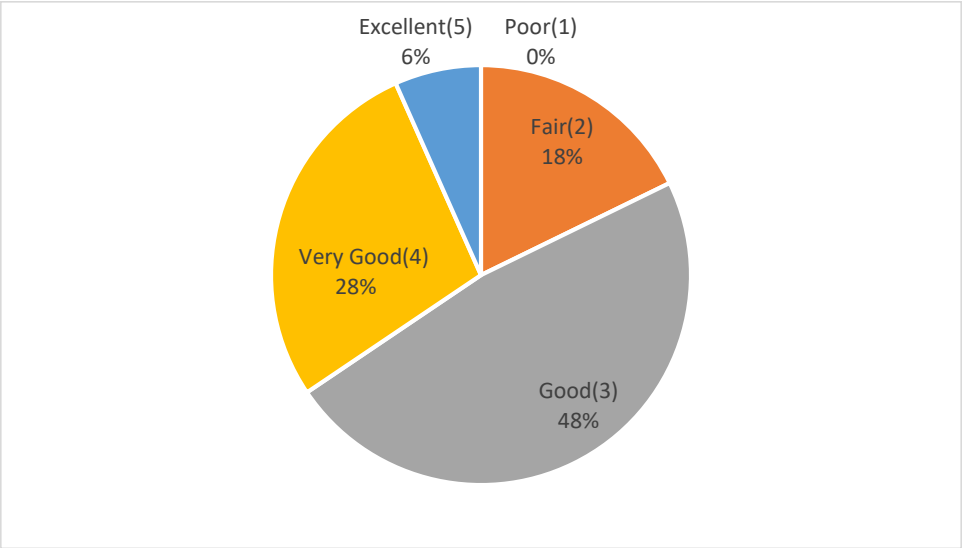


Fig. 10.3 Charges of services are displayed & well communicated

- **Availability of,wheel chair & patient trolley**

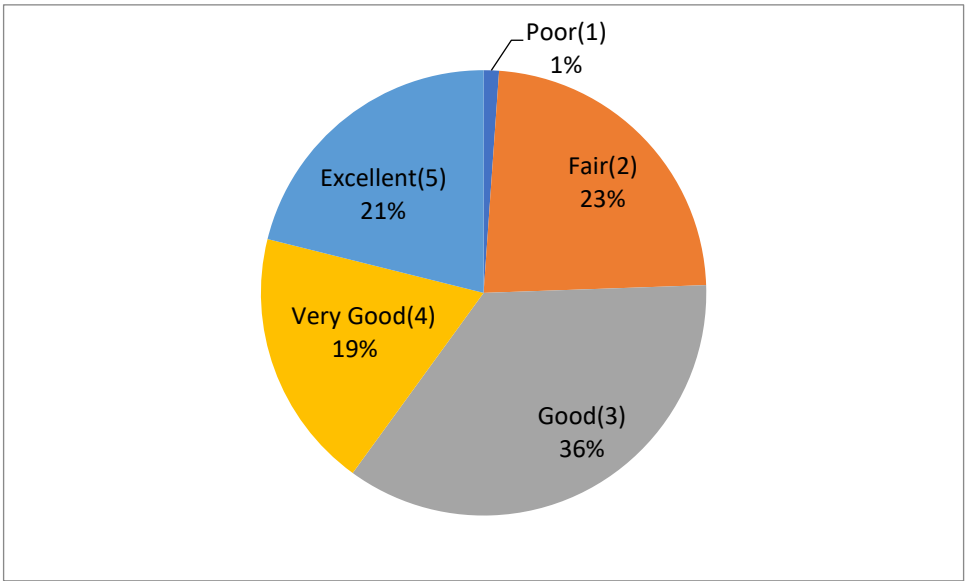


Fig. 10.4 Availability of wheel chair& Patient trolley

- **Availability of prescribed drugs at hospital, dispensary**

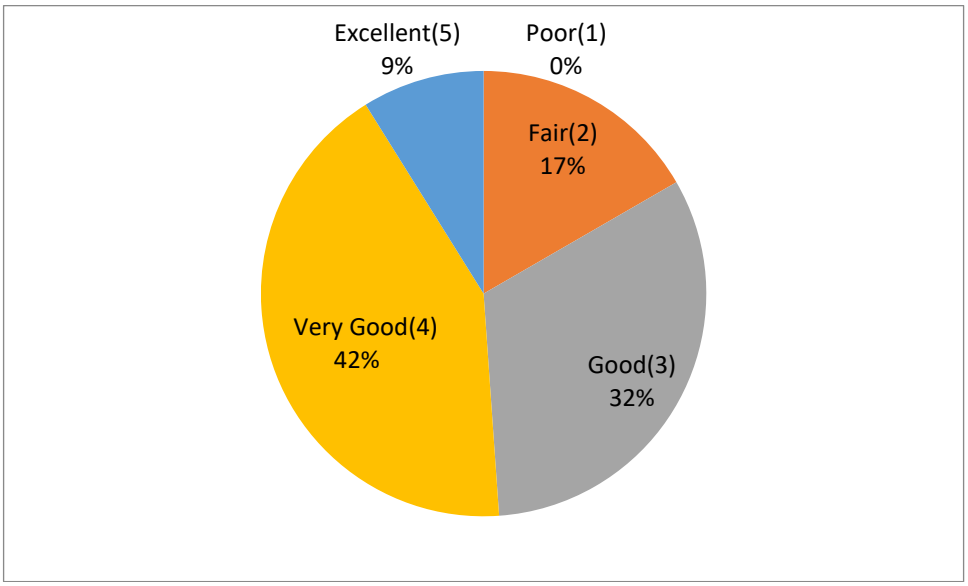


Fig. 10.5 Availability of prescribed drugs at hospital, dispensary

Communication Factors

- **Communication of the discharge process by the staff**

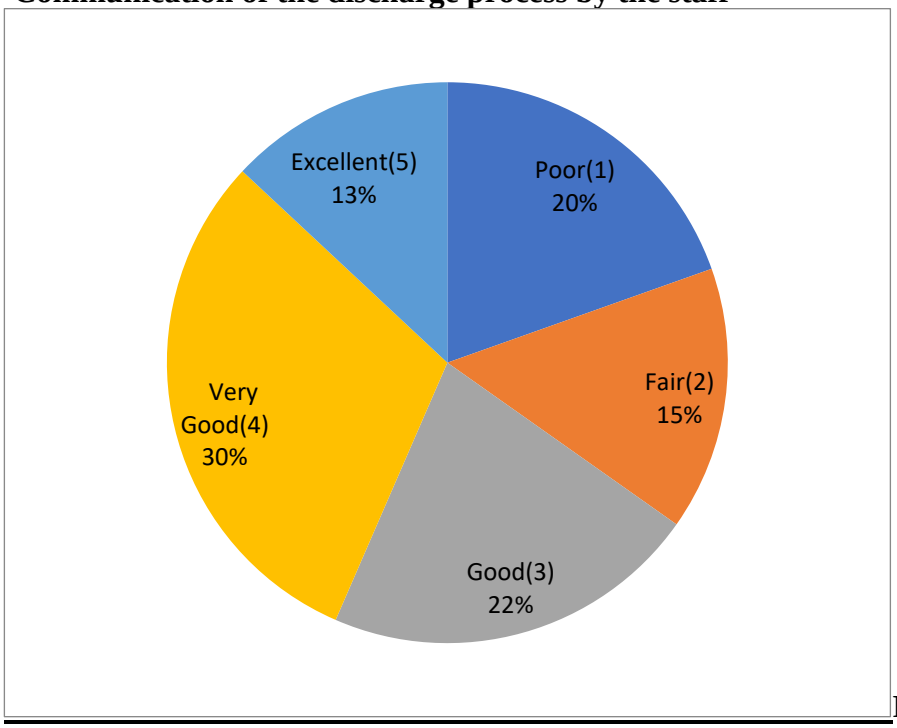


Fig. 10.6 Communication of discharge process by the staff

- **Attitude and communication of the doctors**

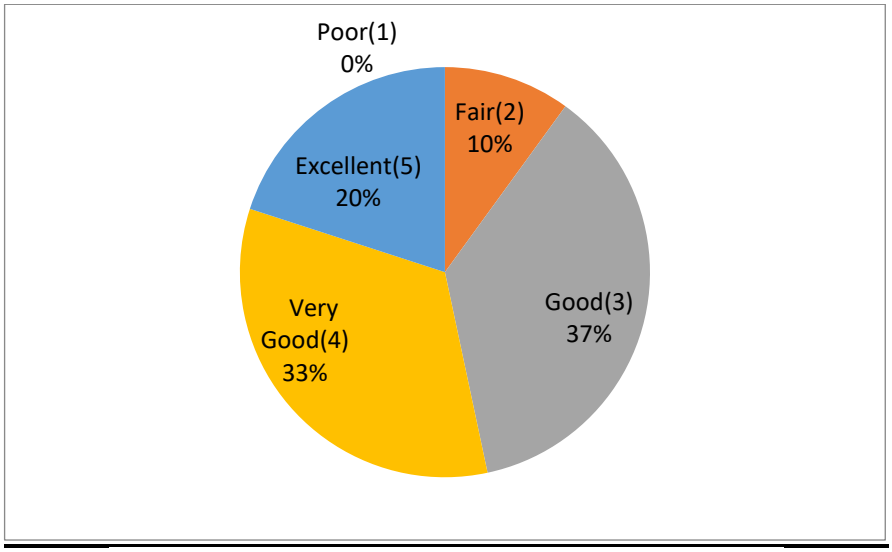


Fig. 10.7 Attitude and communication of the doctors

- **Attitude and Communication of nurses**

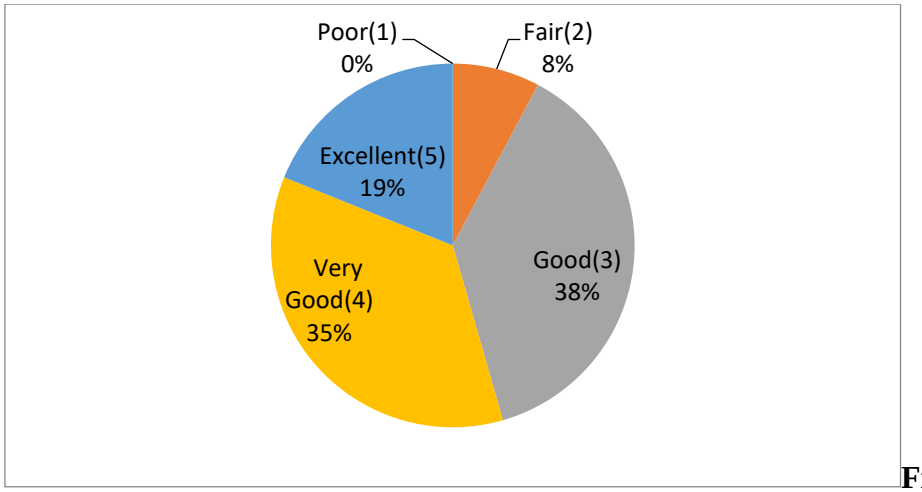


Fig. 10.8 Attitude and communication of nurses

- **Availability, attitude &promptness of ward attendants**

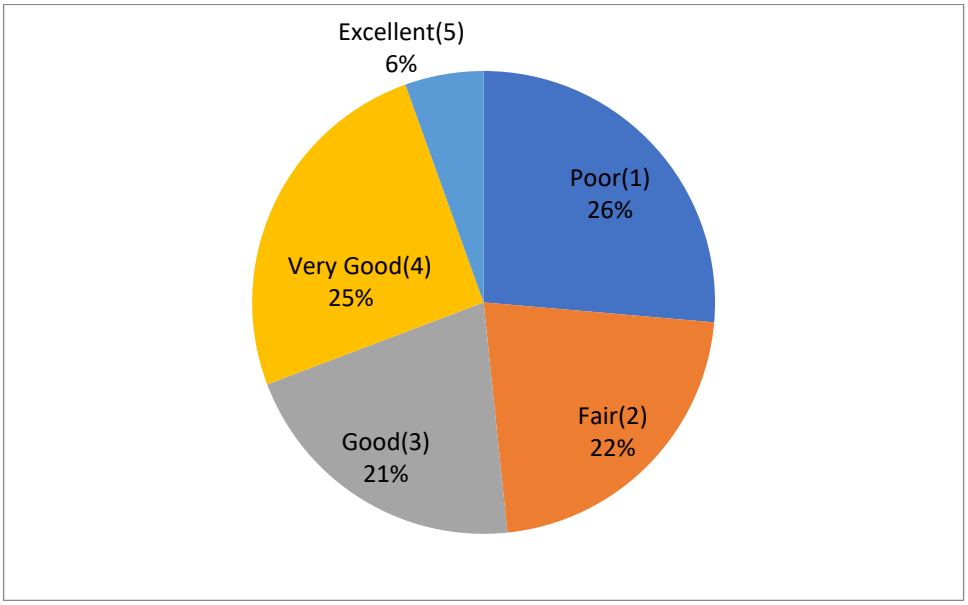


Fig. 10.9 Availability, attitude & promptness of ward attendants

- **Education/ Ccommunication by doctor/pharmacist about dosage and timings of drug intake with next follow up dates**

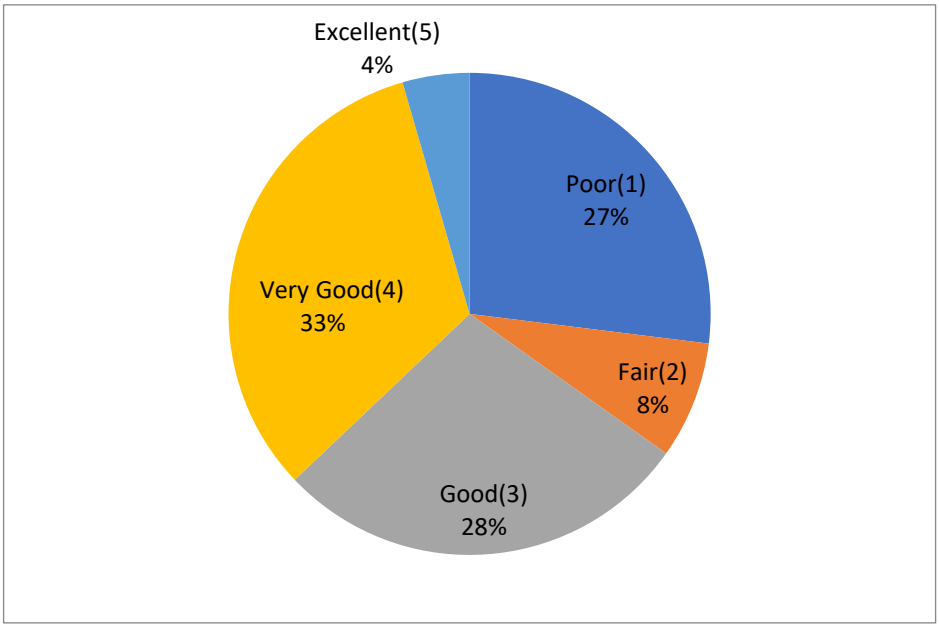


Fig. 10.10 Education/ Communication by doctor/ Pharmacist about dosage

Cleanliness & its Aspects

- **Cleanliness of bathrooms and toilets**

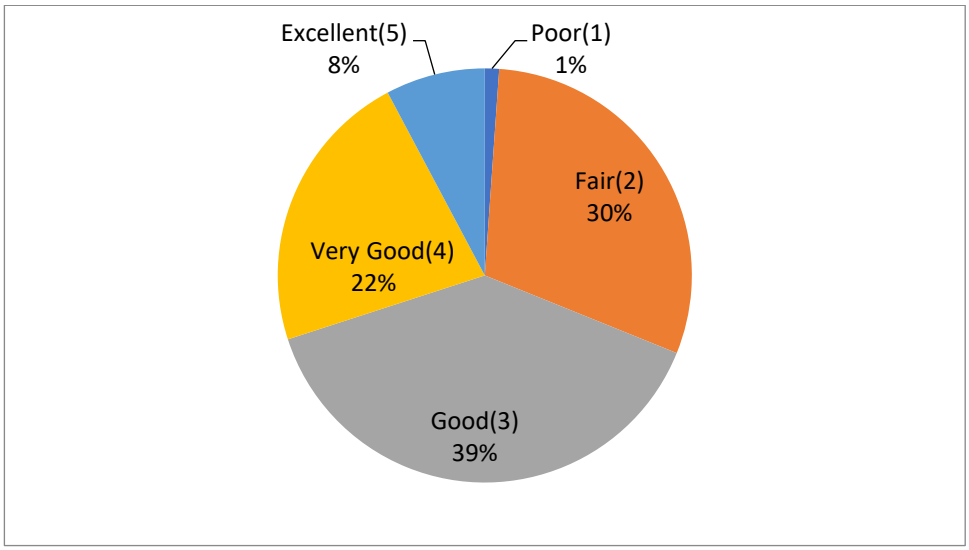


Fig. 10.11 Cleanliness of bathrooms and toilets

- **Cleanliness status of hospital surroundings and campus drains**

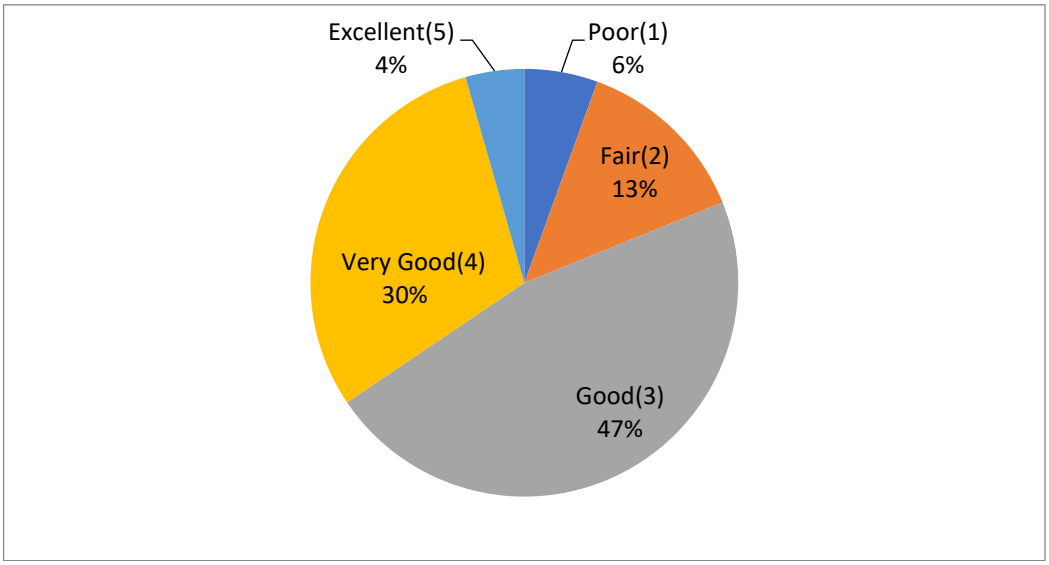


Fig. 10.12 Cleanliness status of hospital surroundings and campus drains

- **Cleanliness of the bed sheets/pillow covers etc**

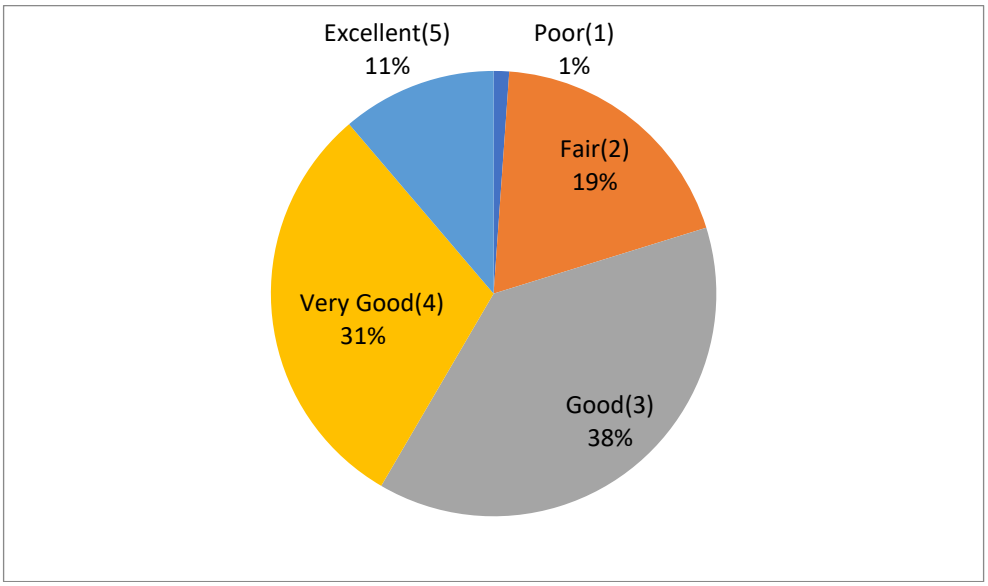


Fig. 10.13 Cleanliness of bed sheets/pillow covers etc

Waiting time and General Satisfaction factors

- **Waiting time at registration counter**

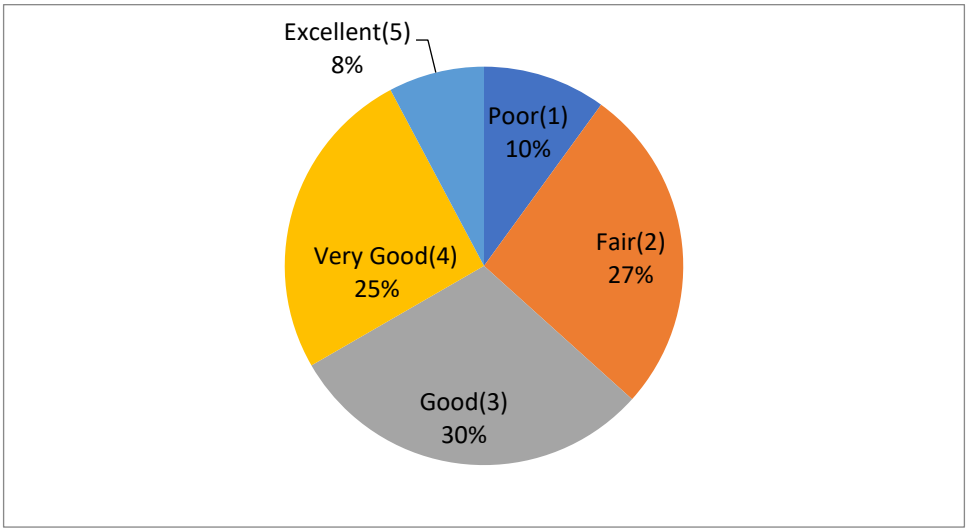


Fig. 10.14 Waiting time at registration counter

- **Regularity of the doctor's round in ward**

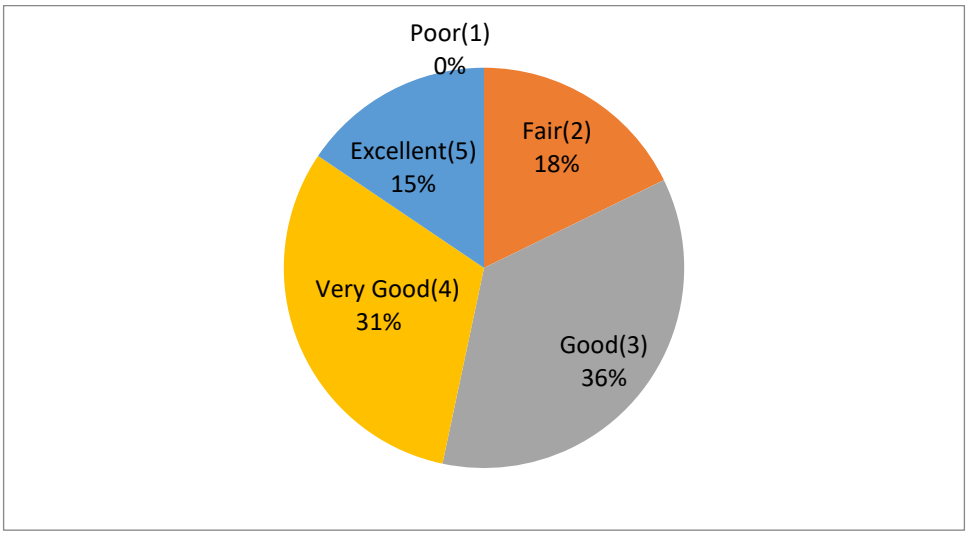


Fig. 10.15 Regularity of the Doctors round in ward

- **Time, spent for examination of patient and counseling**

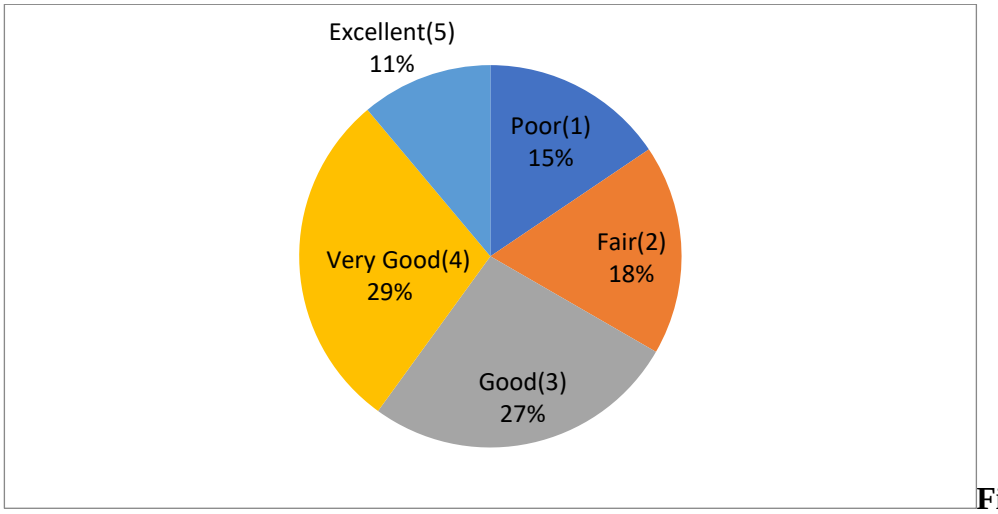


Fig. 10.16 Time, spent for examination of patient and counselling

- **Waiting time for report collection after lab and radiologic investigations**

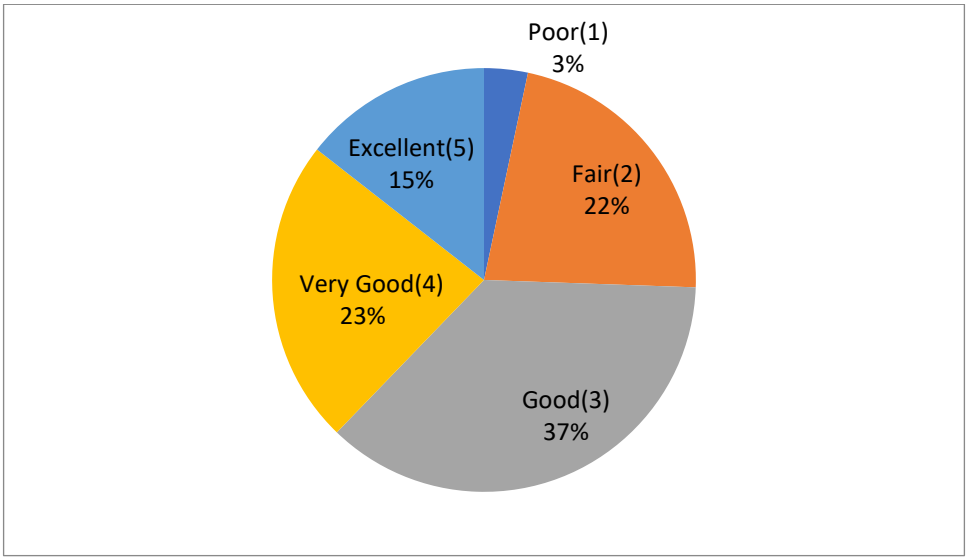


Fig. 10.17 Waiting time for report collection after lab and radiologic investigations

- **Waiting time at medicine dispensing counter**

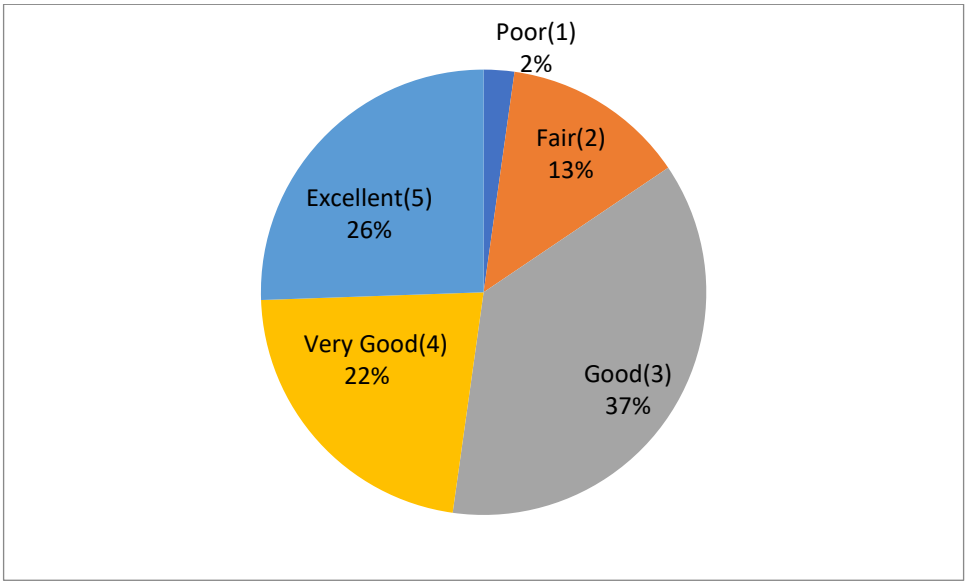


Fig. 10.18 Waiting time at medicine counter

- **Timeliness supply of diet (only for maternity ward)**

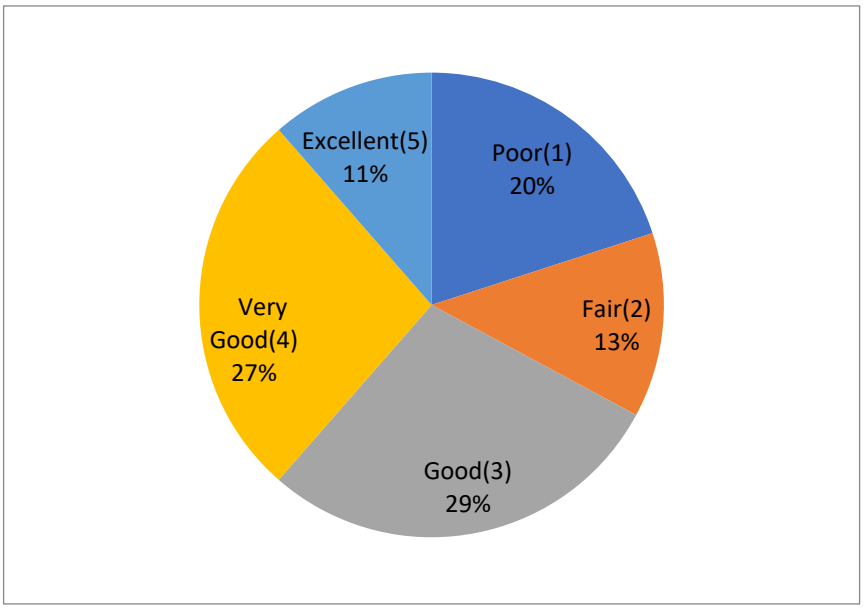
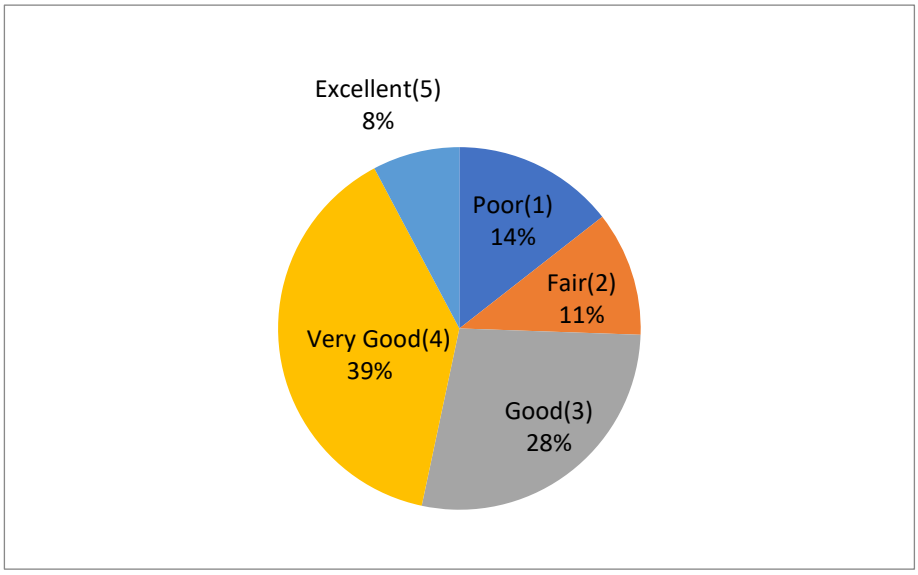


Fig. 10.19 Timeliness supply of diet(only for maternity ward)



- **overall satisfaction during the visit to hospital**

Fig. 10.20 Overall Satisfaction during the visit to hospital.

Results-

Table 5

Out of all these factors it was observed that Maximum patients are disappointed with the

Table- Action plan of IPD Factors with poor scoring

Factors with poor scoring	Action Plan
• **Waiting time at the registration counter& Waiting time at the report collection after lab and radiologic investigations**	Patient tracking has been started to find out the loopholes and activities which are taking time.
• **Education/ communication by doctor/pharmacist about dosage and timings of drug intake with next follow up dates**	Pharmacist and doctors have been informed to tell the patients for the dosage of their drugs and follow up visits.

Fairly satisfied by-

Table 6- Action plan of IPD Factors with fair scoring

Factors with fair scoring	Action Plan
• **Time spent for examination of patient and counseling**	Patient tracking has been started to find out the loopholes and activities which are taking time
• **Availability, attitude and promptness of ward attendants**	Staff meeting was taken and were advised to attend patients politely and with due respect.
• **Timeliness supply of diet (only for maternity ward)**	Instructions had been given to dietary dpt regarding timely supply of food and quality of food for patients.

“Overall Results: It is observed that people are having maximum disappointment score in Ease in locating the departments through proper bilingual directional & departmental signage. Along with that Charges of the services are displayed and well communicated that is 30% patients were not satisfied.Display of doctors list with room number and their availability information concludes that 9% patients are not satisfied. Waiting time at the registration counter and lab investigations also conclude that 24-25% patients are not satisfied. Availability of enquiry counter is also not available 13% of patients were not satisfied by this and 255 of patients were not satisfied with the time spent on examination.

Availability, attitude and promptness of ward attendants also needs to be improved as 25% of patients were not satisfied.”

CONCLUSION

“All the OPD and IPD with least scoring like ease in locating the departments, waiting time at the registration counter, timeliness supply of diets, availability of wheel-chairs and stretchers etc. were focussed and improved. “

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INPATIENT FEEDBACK FORM

S.No.	Attributes	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
1.	Ease in locating the departments through proper bilingual directional & departmental signage					
2.	Availability of sufficient Information at registration/admission counter					
3.	Charges of services are displayed and well communicated					
4.	Attitude and communication of nurses					
5.	Waiting time at registration counter	More than 30 mins	10-30 mins	5-10 mins	Within 5 mins	Immediate
6.	Regularity of doctor's round in ward					
7.	Availability of wheel chair and patient trolley					
8.	Cleanliness of the ward/ Room					
9.	Cleanliness of bathrooms and toilets					
10.	Cleanliness status of hospital surroundings and campus drains					
11.	Time spent for examination of patient and counselling					
12.	Communication of discharge process by the staff					
13.	Attitude and communication of doctors					
14.	Availability, attitude and promptness of ward attendants					
15.	Waiting time for report collection after lab and radiologic investigations	More than 3 hr	2-3hr	1-2 hr	30mins - 1 hr	30 mins
16.	Availability of prescribed drugs at hospital dispensary					
17.	Waiting time at medicine dispensing counter	More than 3	2-3 hr	1-2 hr	30mins - 1 hr	30 mins

		hr				
18.	Timeliness of supply of diet and its Quality (only for maternity ward)					
19.	Availability of complaint/suggestion box with information of day of addressing					
20.	Education/ communication by doctor/pharmacist about dosage and timings of drug intake with next follow up dates					
21.	Cleanliness of bed sheets/pillow covers etc					
22.	Your overall satisfaction during the visit to hospital					
23.	Your valuable suggestions(if any)					

0PD FEEDBACK FORM

S.No.	Attributes	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
1.	Ease in locating the departments through proper bilingual directional & departmental signage					
2.	Information about the services are available					
3.	Charges of services are displayed and well communicated					
4.	Display of doctors list in hospital with room number and their availability					
5.	Waiting time at registration counter	More than 30 mins	10-30 mins	5-10 mins	Within 5 mins	Immedi ate
6.	Availability of enquiry counter in OPD area					
7.	Availability of wheel chair and patient trolley					
8.	Waiting area equipped with chairs, fan and drinking water					
9.	Privacy maintained in OPD and examination room					
10.	Adequacy of time spent on examination and treatment by the doctor					
11.	Attitude and behaviour of doctors					
12.	Attitude and behaviour of hospital staff					
13.	Waiting time for report collection after lab and radiologic investigations	More than 3 hr	2-3hr	1-2 hr	30mins - 1 hr	30 mins
14.	Waiting time at medicine dispensing counter	More than 3 hr	2-3 hr	1-2 hr	30mins - 1 hr	30 mins
15.	Availability of prescribed drugs at hospital dispensary					
16.	No out of pocket expenditure made					
17.	Cleanliness of bathrooms and toilets in waiting area					
18.	Cleanliness status of hospital surroundings					
19.	Availability of complaint/suggestion box with information of day of addressing					
20.	Education/ communication by doctor/pharmacist about dosage and timings of drug intake with next follow up dates					

21.	Condition of linen at examination table					
22.	For P.P. Unit: □Counselling regarding available family planning services					
	□Procedural satisfaction					
	□Post procedural counselling					
	□Communication of follow-up dates after procedure/immunization					
23.	Your overall satisfaction during the visit to hospital					
	Your valuable suggestions (if any)					

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